

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF PLANS for ALL ACTIVE EMPLOYEES Except BUs 1, 9, 10, 11, 12 (BU 5 See Also HSTA Plans)
Rates Effective 3/1/2011; Extended 7/1/2011

Benefit Plan	Type of Enrollment	Total Monthly Rate	*Previous Monthly Employer Contribution	Previous Monthly Employee Contribution	Previous Per Pay Employee Contribution	New Monthly Employer Contribution	New Monthly Employee Contribution	New Per Pay Employee Contribution
MEDICAL PLANS								
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	\$314.14	\$189.34	\$124.80	62.40	\$157.06	\$157.08	78.54
	Two-Party	\$762.54	\$459.32	\$303.22	151.61	\$381.28	\$381.26	190.63
	Family	\$972.46	\$586.10	\$386.36	193.18	\$486.22	\$486.24	243.12
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	\$303.92	\$189.34	\$114.58	57.29	\$151.96	\$151.96	75.98
	Two-Party	\$737.72	\$459.32	\$278.40	139.20	\$368.86	\$368.86	184.43
	Family	\$940.80	\$586.10	\$354.70	177.35	\$470.40	\$470.40	235.20
EUTF Prescription Drug (informedRx)	Self	\$70.82	\$42.74	\$28.08	14.04	\$35.42	\$35.40	17.70
	Two-Party	\$171.96	\$103.68	\$68.28	34.14	\$85.98	\$85.98	42.99
	Family	\$219.54	\$132.48	\$87.06	43.53	\$109.76	\$109.78	54.89
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$426.14	\$232.08	\$194.06	97.03	\$213.08	\$213.06	106.53
	Two-Party	\$1,034.50	\$563.00	\$471.50	235.75	\$517.24	\$517.26	258.63
	Family	\$1,319.54	\$718.58	\$600.96	300.48	\$659.76	\$659.78	329.89
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$381.22	\$232.08	\$149.14	74.57	\$190.62	\$190.60	95.30
	Two-Party	\$924.72	\$563.00	\$361.72	180.86	\$462.36	\$462.36	231.18
	Family	\$1,180.12	\$718.58	\$461.54	230.77	\$590.06	\$590.06	295.03
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$322.54	\$232.08	\$90.46	45.23	\$161.28	\$161.26	80.63
	Two-Party	\$782.20	\$563.00	\$219.20	109.60	\$391.10	\$391.10	195.55
	Family	\$998.32	\$718.58	\$279.74	139.87	\$499.16	\$499.16	249.58
EUTF Supplemental (HMSA) informedRx RSN Chiropractic	Self	\$224.88	\$136.02	\$88.86	44.43	\$112.44	\$112.44	56.22
	Two-Party	\$546.06	\$329.94	\$216.12	108.06	\$273.04	\$273.02	136.51
	Family	\$696.46	\$421.24	\$275.22	137.61	\$348.22	\$348.24	174.12
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$43.50	\$27.20	\$16.30	8.15	\$21.74	\$21.76	10.88
	Two-Party	\$106.98	\$66.50	\$40.48	20.24	\$53.48	\$53.50	26.75
	Family	\$120.92	\$75.92	\$45.00	22.50	\$60.46	\$60.46	30.23
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$288.64	\$232.08	\$56.56	28.28	\$144.32	\$144.32	72.16
	Two-Party	\$701.50	\$563.00	\$138.50	69.25	\$350.74	\$350.76	175.38
	Family	\$895.30	\$718.58	\$176.72	88.36	\$447.64	\$447.66	223.83
DENTAL PLAN								
HDS Dental	Self	\$32.30	\$19.50	\$12.80	6.40	\$16.14	\$16.16	8.08
	Two-Party	\$64.62	\$39.04	\$25.58	12.79	\$32.30	\$32.32	16.16
	Family	\$106.34	\$80.76	\$25.58	12.79	\$53.16	\$53.18	26.59
VISION PLAN								
VSP Vision	Self	\$6.04	\$3.64	\$2.40	1.20	\$3.02	\$3.02	1.51
	Two-Party	\$11.18	\$6.76	\$4.42	2.21	\$5.58	\$5.60	2.80
	Family	\$14.62	\$8.84	\$5.78	2.89	\$7.32	\$7.30	3.65
LIFE INSURANCE								
Standard Life Insurance	Employee	\$4.16	\$4.16	\$0.00	0.00	\$4.16	\$0.00	0.00